

TESTIMONY
FOR THE
WHITE HOUSE CONFERENCE ON AGING
LISTENING SESSION

WEDNESDAY, DECEMBER 8, 2004
HYATT REGENCY HOTEL
CHICAGO, ILLINOIS

PRESENTED BY
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AND
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Good morning. I would like to thank the members of the Policy Committee of the White House Conference on Aging for your presence here today. I also thank the Illinois Department on Aging for hosting this Listening Session on conjunction with the 2004 Governor's Conference on Aging.

I am the Executive Director of the East Central Illinois Area Agency on Aging which serves older persons and caregivers in a 16-county area. It is also my privilege to serve as President of the Illinois Coalition on Mental Health & Aging. The Coalition is a non-profit organization whose mission is to raise public awareness about mental health and aging issues and improve access to mental health services for older adults in Illinois. My testimony will focus on the mental health needs of older adults and offer recommendations to improve and integrate mental health services, primary health care and long-term supportive services for older adults.

The Illinois Coalition on Mental Health & Aging supports the Resolution on Mental Health & Substance Abuse Services and Interventions developed by the National Coalition on Mental Health and Aging for submission to the 2005 White House Conference on Aging. We present the following facts from the National Coalition's Resolution and information gathered from our own research:

- The number of older adults with mental illness in the U.S. is expected to double to 15 million in the next 30 years. (Consensus Statement on the Upcoming Crisis in Geriatric Mental Health, 1999);
- The 1999 Surgeon General's Report on Mental Health found that disability due to mental disorders, substance use or cognitive impairments in individuals aged 65 and over will become a major public health problem in the near future due to changing demographics;
- Almost two-thirds of older adults with a mental disorder do not receive needed services;
- Studies indicate that 50-70% of all primary care medical visits are related to psychological factors such as anxiety, depression, and stress (American Psychological Association, 2004);
- The 1999 Surgeon General's report on Mental Health asserts that stigma about the receipt of mental health treatment affects older people disproportionately and, as a result, older adults and their family members do not want to be identified with the traditional mental health system therefore making stigma a major barrier to care that results in the underutilization of mental health and substance abuse services;
- The 2003 President's New Freedom Commission on Mental Health identified the following barriers to care:
 - A fragmented service delivery system;
 - Out of date Medicare policies;
 - Stigma due to mental illness and advanced age;
 - A mismatch between services that are covered and those preferred by older persons; and
 - A lack of adequate preventive interventions and programs that aid early identification of geriatric mental illness;
- The U.S. Supreme Court in the 1999 Olmstead decision ruled that institutionalization of persons with disabilities who, given appropriate supports could live in the community is a form of discrimination that violates the Americans with Disabilities Act;

- A report published by the Bazelon Center for Mental Health Law, entitled, “Last in Line – Barriers to Community Integration of Older Adults with Mental Illnesses and Recommendations for Change,” noted that Illinois was ranked the fourth worst state in terms of integration of people with disabilities, according to a list compiled by the disability rights group ADAPT (Bazelon Center, January 2003);
- The National Conference of State Legislatures reported that in 2001, 86% of Illinois’ Medicaid spending on long-term care went to institutional care and only 14% went to home and community-based services. For individuals 65 and older the state had 74.2 nursing facility beds per 1,000 in 1999, compared to a national average of 52.3 beds (Bazelon Center, January 2003);
- During their spring 2004 session the Illinois General Assembly and the Governor enacted the Older Adult Services Act to promote the transformation of Illinois’ comprehensive system of older adult services from funding a primarily facility-based service delivery system to primarily a home and community-based system. The law requires the Illinois Department on Aging to take a leading role in this effort and to establish an Older Adult Services Advisory Committee including representatives from other state agencies including the Department of Public Health and the Department of Public Aid. The Department of Human Services should be included on this Committee in the interest of improving access to mental health and substance abuse treatment services for older adults in Illinois.
- Almost 20% of persons age 55 and over experience specific mental health and cognitive disorders that are not part of the “normal” aging process including a prevalence rate of 11.4% for anxiety disorders (DHHS, 1999);
- As many as 20% of older adults in the community and up to 37% in primary care settings experience symptoms of depression. The Illinois Coalition on Mental Health & Aging estimates there are approximately 300,000 persons aged 65 and older in Illinois who experience symptoms of depression;
- The Surgeon General’s Report observed that as many as half of all people with serious mental illness develop alcohol or other drug problems at some point in their lives and 15% of older men and 12% of older women treated in primary care clinics regularly drink in excess of limits recommended by the National Institute on Alcohol and Alcoholism;
- Older persons who are dually eligible for Medicare and Medicaid may lose access to medications that they had under their state Medicaid plan when the prescription drug benefit in the Medicare Prescription Drug Improvement and Modernization Act of 2003 takes effect on January 1, 2006;
- The Illinois Coalition on Mental Health & Aging is concerned about the fate of over 197,000 low-income older adults currently enrolled in the Medicaid-waivered Illinois SeniorCare program who may lose drug coverage when Medicare Part D becomes the primary payer of prescription drugs for older persons who are dually eligible for Medicare and Medicaid;
- Comorbidity of mental illness and substance abuse exacerbates symptoms and often leads to treatment noncompliance, more frequent hospitalization, greater depression and likelihood of suicide, incarceration, family friction, and higher service use and cost (DHHS, 1999);

- It is estimated that 17% of older adults nationwide misuse and abuse alcohol and medications and although the majority (87%) of older adults see a physician regularly, about 40% of those who are at risk do not self-identify or seek services for substance abuse problems and are unlikely to be identified by their physicians (SAMHSA, CSAT Tip 26);
- Older adults have the highest suicide rate of any age group, with persons 85 and older having a rate almost double (21 per 100,000) and older white men having a rate almost six times (65 per 100,000) the suicide rate of the general population (10.6 per 100,000) (CDC, 1999);
- Every 90 minutes, an older persons in the U.S. dies by suicide. Older adults have a higher completion rate of suicide than any other age group (1 in 4 attempts). Suicide affects individuals and families across the lifespan. For every victim there are six survivors searching for answers and needing our understanding and support;
- There are effective interventions for most mental and substance abuse disorders experienced by older persons (Bartels, et.al., 2003; DHHS, 1999; Gatz and Finkel, 1995);
- Older adults can accrue overall benefits from successful treatment of their mental health and/or substance abuse disorder (AoA, 2001; DHHS, 1999);
- Older adults and aging baby boomers present a growing and widely diverse ethnic and cultural population that will present major challenges to the nation's public and private mental health, primary care, and substance abuse systems (Gerontological Association of America, 1999, 1994);
- Late life mental disorders pose difficulties for the burgeoning numbers of family members who assist in caretaking tasks for their loved ones (Light & Lebowitz, 1991)

The Illinois Coalition on Mental Health & Aging offers the following recommendations including those contained in the Resolution adopted by the National Coalition on Mental Health and Aging:

1. Revise Recommendation 1.1 of the 2003 President's New Freedom Commission on Mental Health Final Report, which seeks to advance and implement a national campaign to reduce the stigma associated with mental illness, to include an emphasis on older adults and a national strategy for suicide prevention;
2. Initiate a public/private education campaign under the Department of Health and Human Services to educate consumers, family members, providers, and the public on healthy aging and mental wellness and the identification and promise of effective treatments for mental health disorders in older adults incorporating consumer choice/empowerment and involving consumers as educators;
3. Identify older adults as a priority for public mental health and substance abuse program funding;
4. Conduct research to assess the efficacy of prevention and treatment approaches for older adults;

5. Make evidence-based, emerging best practices, and value based mental health and substance abuse outreach, prevention, and treatment services for older adults available, accessible, and affordable through professionals trained and experienced in working with older adults;
6. Build the competencies of professionals in the field of mental health and aging to deliver services that are linguistically, culturally, ethnically and age appropriate;
7. Recognize the role of caregivers and provide them with information, assistance, counseling, education, training, support groups, and respite care;
8. Actively seek to attract new providers in mental health, behavioral health, and substance abuse for older adults by expanding geriatric traineeships for psychiatrists, social workers, nurses, psychologists and other health professionals such as occupational therapists, physical therapists, counselors, pharmacist, and target national financial incentives for continuing education and professional development;
9. Require that professional mental health or behavioral health education programs receiving federal funds introduce geriatric course work or rotation for all students that includes promotion of evidence-based and emerging best practices and skills in treating people with co-occurring mental and addictive disorders;
10. Require federal programs to promote interdisciplinary training and education;
11. Encourage states to revise licensing and continuing education requirements so that geriatric mental health, behavioral health and substance abuse is required for all licensed health, mental health and social services professionals;
12. Direct the Department of Health and Human Services to refine its approach to technology transfer in geriatric mental health and behavioral health by ensuring that evidence-based and emerging best practices are translated more rapidly into content of training curricula;
13. Eliminate disparities in reimbursement between geriatric mental health, behavioral health, and substance abuse practice and other areas of mental health and health care practice;
14. Assure access to an affordable and comprehensive range of quality mental health and substance abuse services including:
 - outreach
 - home and community-based care
 - prevention
 - intervention
 - acute care
 - long term care;
15. Assure that these services are age appropriate, culturally competent and consumer driven;

16. Amend statutes that address public and private health and long-term care insurance plans to:
 - guarantee parity in coverage and reimbursement for mental health, physical health, and substance abuse disorders
 - eliminate exclusions based on pre-existing conditions
 - ensure that benefits packages provide full access to a comprehensive range of coordinated and quality services
 - ensure that older persons who are eligible for Medicare have access to full range of medications;
17. Improve and effectively coordinate benefits, at all government levels, for those individuals who are dually eligible for Medicare and Medicaid coverage;
18. Assure continuity of prescription drug coverage for older persons in Illinois who are dually eligible for Medicare and the Medicaid-waivered Senior Care Program;
19. Promote the development and implementation of home and community-based care as an alternative to institutionalization through a variety of public and private funding mechanisms;
20. Allow the Illinois Department of Human Services to appoint a representative to the Older Adult Services Advisory Committee to advise the Illinois Department about the integration of mental health services with health care, supportive services and housing options for older adults with mental disorders;
21. Promote older adult mental health and substance abuse services research and coordinate and finance the movement of evidence-based and emerging best practices between research and service delivery;
22. Support the integration of older adult mental health and substance abuse services into primary health care and community-based service systems;
23. Enact the Positive Aging Act to establish grants nationwide to promote projects that integrate multi-disciplinary mental health programs into primary care settings to create a collaborative health care model for older adults;
24. Ensure continuity of mental health care for older adults residing in licensed long term care facilities, assistive living facilities, supportive living facilities and other supportive housing options;
25. Promote screening for co-occurring mental and substance use disorders by primary health care, mental health and substance abuse providers and encourage the development of integrated treatment strategies;
26. Increase collaboration among aging, health, mental health and substance abuse consumer organizations, advocacy groups, professional associations, academic institutions, research entities, and all relevant government agencies to promote more effective use of resources and to reduce the fragmentation of services; and
27. Reauthorize the Older Americans Act in 2005 and appropriate funds necessary to build the capacity of community-based programs to respond to the psycho-social needs of older adults and their caregivers.